

FORM 3 RCRA		ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)		I. EPA I.D. NUMBER FOHDD/4171/3931	
FOR OFFICIAL USE ONLY					
APPLICATION APPROVED		DATE RECEIVED (yr., mo., & day)		COMMENTS	
				7088	
II. FIRST OR REVISED APPLICATION					
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.					
A. FIRST APPLICATION (place an "X" below and provide the appropriate date)					
<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)			<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)		
71			71		
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)			FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN		
C YR. MO. DAY 8 4 3 6 0 1			C YR. MO. DAY 73 74 75 76 77 78		
B. REVISED APPLICATION (place an "X" below and complete Item I above)					
<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS			<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT		
72			72		
III. PROCESSES - CODES AND DESIGN CAPACITIES					
A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).					
B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.					
1. AMOUNT - Enter the amount.					
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.					
PROCESS		PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	
Storage:				Treatment:	
CONTAINER (barrel, drum, etc.)		S01	GALLONS OR LITERS	TANK	
TANK		S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	
WASTE PILE		S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	
SURFACE IMPOUNDMENT		S04	GALLONS OR LITERS		
Disposal:					
INJECTION WELL		D79	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	
LANDFILL		D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER		
LAND APPLICATION		D81	ACRES OR HECTARES		
OCEAN DISPOSAL		D82	GALLONS PER DAY OR LITERS PER DAY		
SURFACE IMPOUNDMENT		D83	GALLONS OR LITERS		
UNIT OF MEASURE		UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	
GALLONS		G	LITERS PER DAY	ACRE-FEET	
LITERS		L	TONS PER HOUR	HECTARE-METER	
CUBIC YARDS		Y	METRIC TONS PER HOUR	ACRES	
CUBIC METERS		C	GALLONS PER HOUR	HECTARES	
GALLONS PER DAY		U	LITERS PER HOUR		
EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.					
S C T/A C 1					
1 2 13 14 15					
B. PROCESS DESIGN CAPACITY					
A. PRO- CESS CODE (from list above)		1. AMOUNT (specify)		2. UNIT OF MEASURE (enter code)	
FOR OFFICIAL USE ONLY		FOR OFFICIAL USE ONLY		FOR OFFICIAL USE ONLY	
X-1 S 0 2		600		G	
X-2 T 0 3		20		E	
1 D 8 0		2250		A	
2 D 8 0		1320		A	
3					
4					
16 18 19		27		28 29 30 31 32	

### III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

### IV. DESCRIPTION OF HAZARDOUS WASTES

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE  
POUNDS . . . . . P  
TONS . . . . . T

METRIC UNIT OF MEASURE CODE  
KILOGRAMS . . . . . K  
METRIC TONS . . . . . M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

### D. PROCESSES

#### 1. PROCESS CODES:

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

NOTE: Photocopy this page before completing, if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
<div>W 0 H D 0 4 1 7 1 9 3 9 3 1</div>													<div>W DUP 3 2 DUP</div>												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)		D. PROCESSES														
											1. PROCESS CODES (enter)														
											2. PROCESS DESCRIPTION (if a code is not entered in D(1))														
1	D 8 0 3				650 <del>150</del>				T		D 8 8														
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3																									
4																									
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# IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

F O H D 0 0 4 1 7 1 3 9 3 6

F6A/55

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). (See attached)

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

4 1 5 4 0 1 3 North

LONGITUDE (degrees, minutes, & seconds)

8 0 4 5 3 8 West

## VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

E

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

F G

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

W. M. Kelly, Senior Vice President

B. SIGNATURE

*W. M. Kelly*

C. DATE SIGNED

November 17, 1980

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

**VII. SIC CODES (4-digit, in order of priority)**

A. FIRST										B. SECOND									
7	3	3	1	3	(specify) Ferroalloy Production	7	2	8	1	9	(specify) Calcium Carbide Production								
C. THIRD										D. FOURTH									
7	3	2	7	4	(specify) Lime Production	7					(specify)								

**VIII. OPERATOR INFORMATION**

A. NAME										B. Is the name listed in Item VIII-A also the owner?																													
8	U	N	I	O	N	C	A	R	B	I	D	E	C	O	R	P	M	E	T	A	L	S	D	I	V	I	S	I	O	N	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO								
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)																													
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										P (specify)										A 216 997 6141									
E. STREET OR P.O. BOX										P O BOX 4																													
F. CITY OR TOWN										G. STATE										H. ZIP CODE										IX. INDIAN LAND									
B A S H T A B U L A										O H										4 4 4 4										Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

**X. EXISTING ENVIRONMENTAL PERMITS**

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)										Original Application No. OH 0000027									
9	N									9	P																		
N 3 3 6 * E D										N A																			
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)										(specify) Ohio EPA Premise Application # for 22 Air Sources									
9	U									9										0 2 0 4 0 1 0 0 0 3									
N A																													
C. RCRA (Hazardous Wastes)										E. OTHER (specify)										(specify)									
9	R									9																			
N A																													

**XI. MAP**

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

**XII. NATURE OF BUSINESS (provide a brief description)**

Manufacturer of ferroalloys and calcium carbide by the use of submerged arc electric furnaces. Lime is also produced by the use of gas fired vertical kilns. Lime is primarily used internally as a raw material for the carbide furnaces, although small amounts are sold to other customers.

**XIII. CERTIFICATION (see instructions)**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE										C. DATE SIGNED									
W. M. Kelly, Senior Vice President										<i>W. M. Kelly</i>										November 17, 1980									

**COMMENTS FOR OFFICIAL USE ONLY**

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